Gas Strength and Tightness Testing (Non Domestic)

Enter Company Gas Safe Registration Number 198524

CUSTOMER DETAILS

Name (Mr/Mrs/Miss/Ms) MILLSTONE A-B

Address

Postcode

Tel No

Contract Number

SERVICE CENTRE

Address 14A ENACLIFFE AVE SHEFFIELD.

Postcode S10 5EA.

Tel No

Indicate work undertaken	Tightness test	Strength test
Scope of works	Job No	

TIGHTNESS TEST + SAC VALVE TEST FROM SECONDARY METER.

Test Instrument	
Type (water/elec etc)	WATER.
Serial No if applicable	

TIGHTNESS TEST DETAILS	TPCP1	TPCP1A
Tested To TPCP1 or TPCP1A tick as apropriate		✓
Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG)		NG
Installation - New (N) - New extension (NE) - Existing (E)		E
Could weather/changes in temperature affect test? Yes/No		
Meter type (Diaphragm, Rotary etc) (N/A if meter not included in test)		DIA.
Meter designation (U16, U40, P7 etc) (N/A if meter not included in test)	G10	MDL16
Pressure bypass installed if applicable (Yes/No/NA)		NO
Gas meter volume (m³)		0·025
Installation volume pipework and fittings (m³)		0·00924
Installation volume total (m³)		0·034592
Test medium - fuel gas, air		GAS
Tightness test pressure (TTP) mbar/bar		21
Gauge GRM		0·5
Pressure gauge type (water, high SG, electronic etc)		WATER
Maximum permitted leak rate (MPLR) m³/h		
Maximum Permitted pressure drop (mbar)		4·2.
Let-by test period (minutes)		2
Stabilisation period (minutes)		6
Tightness test duration (TTD) (minutes)		2
Any inadequately ventilated areas to check? Yes/No		YES
Is barometric pressure correction necessary? Yes/No		
FINDINGS		
Actual pressure drop (if any) mbar		0
Actual leak rate m3/hr		
Have inadequately ventilated areas been checked? Yes/NA		YES
Tightness test Pass or Fail		PASS

STRENGTH TEST DETAILS	
State test method Pneumatic (P) or Hydrostatic (H)	
Installation - New (N) - New extension (NE) - Existing (E)	
Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/NA)	
Calculated strength test pressure (STP) (m/bar/bar)	
Test medium - air, nitrogen, water (hydrostatic test) etc	
Stabilisation period (minutes)	
Strength test duration (STD) (minutes)	
Permitted pressure drop (% STP)	
Calculated pressure drop (mbar/bar)	
FINDINGS	
Actual pressure drop (mbar/bar)	
Strength test Pass or Fail	

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Engineers Signature [redacted] Date 5/07/22

Print Name

Responsible Person's Signature NO ONE

Attention : Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installations has been left operational.

NOTIFICATION OF UNSAFE GAS INSTALLATION - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a separate Warning/Advice Notice.

Engineers Signature Date

Print Name

Responsible Person's Signature

Copies : WHITE - Customer Copy YELLOW - Site Copy PINK - Office Copy GREEN - Engineer's Copy